

No. 300
10.48

FILED JAN 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. **673**

264
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BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY	
c. LENGTH OF STAY (in this place) 1 YR		d. STREET ADDRESS (If rural, give location) ST. JOSEPH HOME OF AGED	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOME OF AGED			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) AGATHA c. (Last) KLUG			4. DATE OF DEATH (Month) (Day) (Year) JAN. 19, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 9, 1864	9. AGE (In years last birthday) 87	# UNDER 1 YEAR 3 # UNDER 1 DAY 19 # UNDER 1 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TAOS, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN GERHARD ROLFES		13b. MOTHER'S MAIDEN NAME MARY SOMERHAISER		14. NAME OF HUSBAND OR WIFE HENRY KLUG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Marion Klug ADDRESS J. C. MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Fracture of Hip		4200F	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fracture L. Hip 10-17-51			

19a. DATE OF OPERATION Oct 17-1951		19b. MAJOR FINDINGS OF OPERATION Fracture Left Hip - Pin and Bone Plate		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City, Cole, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec-15-51 8 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Falling from chair to floor	

22. I hereby certify that I attended the deceased from **8-20, 1950**, to **1-19, 1952**, that I last saw the deceased alive on **1-17, 1952** and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. Osman MD (Degree or title)		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 1/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY ST PETERS	
24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.					

DATE REC'D BY LOCAL REG. Jan 22-52		REGISTRAR'S SIGNATURE R.P. Davis MD		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle ADDRESS H, C, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Sylvester Duller

Licensed Embalmer No. 124321

P. O. Address _____

Jefferson City Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.